



Donation Form

Myasthenia Gravis Society of Canada
247 Harold Avenue Stouffville, ON, Canada.
L4A 1C2

Registered Charity #:
81155 1431 RR0001

Please fill out the form below and mail a copy to the address above. If donating by cheque, please make the cheque payable to Myasthenia Gravis Society of Canada.

General Information

First Name

Last Name

Business Name

Business Contact

Street Address, Apt or Unit

City / Town

Province

Postal Code

Phone Number

Email Address

Payment Information

Donation Amount:

\$25

\$50

\$100

\$200

\$500

\$1000

Other

Donation Payment Amount \$

Debit or Credit Card

Card Number

Expiration Date

CSC

Billing Information

First Name

Last Name

Address

City / Town

Province

Postal Code

Phone Number

Email

Dedicate in Honour Of / Memory Of (Optional)

Dedicate in Honour of:

Name of Honouree

Yes, Dedicate in Honour of

Dedicate in Memory of:

Name of Memory Person

Yes, Dedicate in Memory of

Notify individual about Honour/Memory

Yes, please notify person below

Full Name

Address

City / Town

Province

Postal Code

Email

**Thank you for your donation
and your support!**

